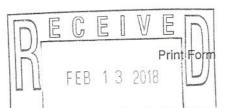
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PA I D State of New Jersey

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 02 06 8 Name of Building Owner/Operator (2) NEW HOLD AD WID INCHESING CONTROLS NEW HOLD AD WID INCHESING CONTROLS NEW HOLD AD WID INCHESING CONTROLS NEW HOLD AD WID INCHES SING CONTROLS NEW HOLD AD WID INCHE										
Agencies Notified Type Notification		Street A	ddress 3 BROAD ST. 1	NOW ARK,	411fg, CV					
EPA Initial Amended Amendment #				C 64 7						
DOH Emergency (in justification)	cluding	Name o	Contact N HADDAD	•						
DCA Cancellation			LITY INFORMATION							
Name of Facility Where Abatement is Taking 400-01-01-01-01-01-01-01-01-01-01-01-01-0	Place (3)	170		Type of Facility						
Street Address UL GLEN				Subchapter Other (i.e.	8 (Other than K-12) private & commercial	l buildi	ings, l	home	s,	
City (5)				Square Feet	# of Floors	BI	dg. A	je X		
County (6)			Code (7)	Current Use (Prior if being demolished)						
County (6) DERGEN Name of Monitoring Firm Hired by Building Or	unor (8)	ASC	M No Nan	VACA None of Abatement Co						
Name of Monitoring Firm Fired by Building Of	wher (o)	7.00		ARIAI						
Street Address			141	et Address 4 NILL S	7.					
City, State, Zip Code			City P.	, State, Zip Code ATERSON	RFO CN					
Project Manager for Monitoring Firm		Telepho	ne No.	5653 3652	License No). -				
Start Date (10)	Scheduled Co	ompletion 8 (8	Date (11) Nan GC	ne of OSHA Monitor	V					
Occupancy Status During Abatement (Check		110	Stre	eet Address						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Abate	City	IY NILL ST iv, State, Zip Code ATCLSON WJ 07501							
			1.4	FIC COOIC	10 -					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						۵		
		474.7							t	
	Is Loc Norm			Type						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	olely by nance/ al Staff?	Asbestos Containin (i.e. thermal system surfacing, other misce	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
(10)	Yes N	o N/A			1	_	/	ite	0	
EXTERIOR		SURFAC	SURFACING HYDOOSF V							
		-								
Name of Registered Waste Hauler	nica	NJDEP I		is Name o	f Registered Landfill		,			
Harvara Control Contro	STRIE!	Hauler II	Disposal D	D Gity, Str	. Q. O. W.	· ·	٠.			
City, State PATELSON NJ			TBD	11/VH00	RISVILLE	ite	en!			
GORAN IGEV	Title	P	Signa	The same	- ON	1 0	8			

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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M		FEB	1	3	2018	rint F	

Name of Building Owner/Operator (2) T EVO N Date of Notification (1) 02/06 Type Notification Street Address OIS LENYON AVE Agencies Notified Initial FPA City, State, Zip Code PLAINFIELD, NJ, 07060 Amended DEP Amendment # DOL Emergency (including Name of Contact ONEIL justification) DOH DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) 1015 KENYON School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, V 1015 LENYON etc.) Square Feet # of Floors 2400 Current Use (Prior if being demolished) County Code (7) County (6) VACANT (STATE USE ONLY) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Street Address Street Address 144 MILL City, State, Zip Code TERSON, NJ, 0750 1 City, State, Zip Code Telephone No. Project Manager for Monitoring Firm Name of OSHA Monitor GORAN 1GE Scheduled Completion Date (11) Start Date (10) Street Address Occupancy Status During Abatement (Check Only One) 144 MILL Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours 0750 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e. thermal systems insulation, Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No 210 LF S BASEMENT Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. G.R.O.W.S. of Waste INDIAN ARROW INOUSTRIFS TBD City, State , Disposal Date TBD Date Signature Title VP 0

Th 1386		NOTI	FICA (P	Tely OF A	BHS	TOS ABA	TEMEN	T DE	i C	; [7	V [
Date of Notification (1): 11/17/17	PENN	INGTO	N PAS	wner/Operator (2) SAIC LLC.):				FEE	3 1	3 20	018		
Agencies Type Notification		Address												
(X) EPA Notification		TH. AVE State, Zi			AS	BES	TOS C	CONT	ROL					
(X) DEP (X) Amendment		Y 1001		•			L	ICEN.	SING					
(X) DOL Notification () Emergency		of Cont					Telephon	e Numb.			1			
(X) DOH () Cancellation () DCA	DAVI	D ROG	ATSKY	<i>(</i>										
				FACILITY IN	FORM	IATION								
Name of Facility Where Ab	ntement is 7	Taking F	Place (3			ype of Facility	(4):							
				• • • • • • • • • • • • • • • • • • • •) School (K-12	***************************************	1						
Stroot Address 200 211 DE	INUNICEON	1 4375			() Subchapter 8	(Other than							
Street Address: 209-211 PE		N AVE.			(X	(i.e., p homes, etc.)	rivate & con	nmercial buildings.						
City & State (5): PASSAJC, NJ						quare Feet: N	A	# of Floors: 5 Bldg. Age			Age:	NA		
County (6): PASSAIC			nty Cod ATE US	e (7) SE ONLY)		Current Use (Prior if being demolished): VACANT								
Name of Monitoring Fir	m Hired	by Bu	ilding	ASCM No.:	N:	ame of Abate	ment Cont	ractor (9):		- V				
Owner:(8)				NA				V 2						
ENVIRONMENTAL CONS Street Address:	ULTING C	GROUP,	INC.			M Enterpris	1153	nc.						
					9897	reet Address:								
PO BOX 8466					33	39 North 6th	Street							
City, State, Zip Code:					Ci	ty, State, Zip	Code:							
HALEDON, NJ 07538					Pr	ospect Park	NJ 0750	8						
Project Manager for Monitor	ing Firm:			Telephone No.:		elephone No.:	2	License No.:						
FERNANDO				973-418-4036	(9)	73) 595-6955	95-6955 00641							
Start Date (10): 11/27/17	Scheduled 2/3/18	d Comp	letion D	Date (11):	Na	Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.								
Occupancy Status During Abates	nent (Check	only one	:)			reet Address:								
(X) Facility Closed/vacated Duri	ng Entire Per	riod of A	batemen	nt	0.3323	9 North 6th								
() Abatement Performed Outside of Normal Facility Hours () Other – Describe:						City, State, Zip Code: Prospect Park, NJ 07508								
Scope of Work (Check all that ap	ply):						,	~ 						
() $\ge 3 \text{ sf or } \ge 3 \text{ lf}$ (X) $\ge 160 \text{ sf or } \ge 260 \text{ lf}$	F-37		(X) Re () De	enovation molition			(X) Min: (X) Glov	Containment wit i Enclosure ebag Procedure Friable Procedure	h Neg	ative F	ressu	re		
WT JAN WORLD THOUSEN AND	11000000	ocation		-		,·			1		emen	t		
Location of Asbestos-Containing Materia		rmally Solely		Asbestos Co	escrip ntainin	otion of g Material ((ACM)		Type					
(ACM)		tenanc		(i.e., thern	ial sys	tems insula	tion,		175		田	ш		
TO BE ABATED		stodial/		surfacing, VAT, or other miscellaneous)				Amount	Removal	Re	тса	ncl		
IN Facility		taff?		otne	r misc	elianeous)		(Specify	101	Repair	Encapsulat	Enclosure		
(13)		(12) No 1	N/A					SF or LF)	21		lat	ll'e		
SEE ATTACHED	-	X	-	PIPE- FITTING	GS			3,050 LF	X					
SEE ATTACHED		X	(GLUE-DUCT-FLOOR TILES MA			IASTIC	5,065 SF	X	-		-		
SEE ATTACHED		X		MIXED DEBRIS				30 YDS	X			-		
Name of Registered Waste Ha SERVICES TRANSPORT G		C.		NJDEP Was Hauler ID N 20990		Cubic Ya of Waste:		Name of Regis	stered	landfil	1:			
City, State: NEW CASTLE, DE	1000	Disposa 1/30/18	l Date:	20000		City, State: WAYNESBURG, PA 19720								
2 1 12		17	Title:		Cian	nature:		I D						
Completed By: MIKE ALTADOUKA		1	11110.		1 01911	ature -		Date:						